

GENEVA COUNTY JAIL
INMATE REQUEST FORM

NAME _____ CELL _____ DATE _____

TELEPHONE CALL _____ MEDICAL DENTAL _____ HEARING REQUEST _____

GRIEVANCE _____ VISIT _____ PERSONAL PROBLEM _____ OTHER _____

SHERIFF JAIL ADMINISTRATOR _____ JUDGE _____ NOTARY _____

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER _____ MARTON _____ JAIL ADMINISTRATOR SHERIFF _____

JAILER _____ SIGNATURE _____ DATE 10/18/09 TIME 8:45 AM

TO BE PLACED IN INMATE'S FILE

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GENEVA COUNTY JAIL
INMATE REQUEST FORM

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NAME Nunn Jewel CELL L/S DATE 6-5-05TELEPHONE CALL MEDICAL DENTAL HEARING REQUEST GRIEVANCE VISIT PERSONAL PROBLEM OTHER SHERIFF JAIL ADMINISTRATOR JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

*Given when you will come to see me and look at
the situation with me and what it was - for Mr. Owens
being concern and understand that I am a human-being
the matter will soon calm and I am unwell. Also he
tell some in the jail about me and my new family
sister. I can not wait to have a new family
Marathon, Ned Francis also for if you have any questions
about me or my family.*

DO NOT WRITE BELOW!!

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JAILER MARTON JAIL ADMINISTRATOR SHERIFF JAILER SIGNATURE DATE TIME

TO BE PLACED IN INMATE'S FILE

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GENEVA COUNTY JAIL

INMATE REQUEST FORM

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NAME Munn Dowd CELL 16 DATE 6-5-05

TELEPHONE CALL MEDICAL DENTAL HEARING REQUEST

GRIEVANCE VISIT PERSONAL PROBLEM OTHER

SHERIFF JAIL ADMINISTRATOR JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I was running a fever this morning, and had a severe head ache
so I ask your jail administrator Carl Pfeifer to take me to get
some Medical Attention, as well as see a doctor if needed.
I am in the infirmary now, and will be informed the fact
that I was in pain and could not work today.
And I do not want to be taken to the infirmary, come to my cell
cause it would cause me pain.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER MARTON JAIL ADMINISTRATOR SHERIFF

JAILER SIGNATURE DATE TIME

TO BE PLACED IN INMATE'S FILE

Given to Sheriff on 6-6-05,

Returns to file per

3401

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GENEVA COUNTY JAIL
INMATE REQUEST FORM

NAME Nunn Jewel CELL 1/s DATE 6-16-05

TELEPHONE CALL MEDICAL DENTAL HEARING REQUEST

GRIEVANCE VISIT PERSONAL PROBLEM OTHER

SHERIFF X JAIL ADMINSTRATOR X JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

Carl when you get time I want to see the first train smoking. Let me out so I can tried of being down here. I'm ready to PLEASE! If you can't do it then can I at least contact with my family members and one friend. Thank you

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER MARTON JAIL ADMINISTRATOR SHERIFF

JAILER M. P. Kent DATE 6-20-05 TIME 1:00 p
SIGNATURE

Art. 620 TO BE PLACED IN INMATE'S FILE

*6-20-05 W.E.F. when to take jail
to Ben East Seval he said but
when I want to go called Mr
PARRISH to get off*

GENEVA COUNTY JAIL
INMATE REQUEST FORM

NAME _____ CELL L/S DATE 6-6-05

TELEPHONE CALL MEDICAL DENTAL HEARING REQUEST

GRIEVANCE VISIT PERSONAL PROBLEM OTHER

SHERIFF JAIL ADMINISTRATOR JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I need to see a doctor.
the wound on my arm is getting deeper.
there is no swelling in it. If you think there

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FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER MARTON JAIL ADMINISTRATOR SHERIFF
JAILER W. Reiter DATE 6-6-05 TIME 1215 PM
SIGNATURE

TO BE PLACED IN INMATE'S FILE

Patent to En 6-6-05

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GENEVA COUNTY JAIL
INMATE REQUEST FORMNAME Nunn Sue CELL 4/S DATE 6-4-05TELEPHONE CALL MEDICAL DENTAL HEARING REQUEST GRIEVANCE VISIT PERSONAL PROBLEM OTHER SHERIFF JAIL ADMINISTRATOR JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I need to go to the emergency room. I'm running a high fever. My arm is turning purple. I need medical attention. Call 911. I have a hole in my right arm. I can't walk or sit. I need to go to the emergency room. And don't touch me. I need a doctor.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER MARTON JAIL ADMINISTRATOR SHERIFF JAILER SIGNATURE DATE TIME

TO BE PLACED IN INMATE'S FILE

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GENEVA COUNTY JAIL
INMATE REQUEST FORM

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Please
NAME Nunn Dowel CELL 45 DATE 6-3-05

TELEPHONE CALL MEDICAL DENTAL HEARING REQUEST

GRIEVANCE VISIT PERSONAL PROBLEM OTHER

SHERIFF JAIL ADMINSTRATOR JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

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I have a sharp pain in my left arm
which is a big knot up under my skin. I
need to go to the emergency room to get it
seen about and get some pain pills. I believe
it's staph infection. ASAP Call Greg!
Thank you

DO NOT WRITE BELOW!!

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JAILER MARTON JAIL ADMINISTRATOR SHERIFF

JAILER SIGNATURE DATE TIME

TO BE PLACED IN INMATE'S FILE

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